Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Open to Public Inspection

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

▶ Do not enter Social Security numbers on this form as it may be made public.

Information about Form 990 and its instructions is at www.irs.gov/form990.

| A F | or th | ne 201 | 4 calendar year, or tax year begi | nning 10, | /01 ,2014 , | and endin | | | | 30 ,20 ₁₅ | |
|---------------------------|-------------|------------|---|--------------------------------|--------------------|----------------|-------------|--------------------------------|------------|-----------------------------|--------------------|
| ъ. | | | C Name of organization | | | | D | Employer id | entificati | on number | |
| D 0 | heck If a | pplicable: | STAMFORD HEALTH, INC. | | | | | | | | |
| X | Addr | | Doing Business As | | | | | 22-2476 | 636 | | |
| | Name | e change | Number and street (or P.O. box if mail is | not delivered to street addres | s) | Room/suite | E | Telephone n | umber | | |
| | initia | î retum | ONE HOSPITAL PLAZA, P | O BOX 9317 | | | (2 | 203) 27 | 6-100 | 00 | |
| | Term | nated | City or town, state or province, country, | and ZIP or foreign postal code |) | | | | | | |
| | Amer | | STAMFORD, CT 06904 | | | | G | Gross receip | ts \$ | 110,765 | ,056. |
| | | cation | F Name and address of principal officer: | KEVIN GAGE | | | H(a |) Is this a grou | | or Yes | X No |
| | poile | 9 | SAME AS C ABOVE | | | | нір | subordinates) Are all subord | | led? Yes | ∏ No |
| ī | Tax-ex | empt st | atus: X 501(c)(3) 501(c) (|) 		(insert no.) | 4947(a)(1) o | r 52 | | | | ee instructions) | |
| J | Websi | lte: 🕨 | | | | | H(c |) Group exem | otion numl | ber 🕨 | |
| ĸ | Form | of organ | ization: X Corporation Trust | Association Other | | L Year of | | | | legal domicile | : CT |
| | art I | _ | mmary | | | | | | | | |
| | 1 | | describe the organization's mission o | r most significant activities | STAMFO | RD HEAL | TH. IN | C. IS A | SUPE | PORTING | |
| ą | ' | | ANIZATION WHOSE MISSION | | | | | | | | |
| Governance | | | MFORD HOSP, MILLER HALL | | | | | | | | |
| e II | 2 | | this box 🕨 🔛 if the organization d | | | | | | | | |
| 8 | 3 | | er of voting members of the governing | | | | | | 3 | | 12. |
| | 4 | Numb | er of independent voting members of t | he governing body (Part \ | /I. line 1b) | | | | 4 | | 8. |
| ctivities & | 5 | | number of individuals employed in cale | | | | | | 5 | | 0 |
| ξĚ | 6 | | number of volunteers (estimate if neces | | | | | | 6 | | |
| Ac | 7a | Total | unrelated business revenue from Part V | III column (C) line 12 | | | | | 7a | 2 | 1,140. |
| | | | nrelated business taxable income from | | | | | | 7b | | 6,086. |
| | | TTOC GI | included business taxable mostile from | 1 O/11 000-1, III 0-1 | | | | rior Year | 10 | Current Y | |
| | 8 | Contri | butions and grants (Part VIII, line 1h) | | | | | 75,82 | 2. | | 0 |
| ue | 9 | Progra | am service revenue (Part VIII, line 2g) | | COPY | FOR | 2 | ,172,64 | | 2.18 | 6,678. |
| Revenue | 10 | Invest | ment income (Part VIII, column (A), line | | PUBLIC INS | SPECTION | | ,783,68 | | | 5,246. |
| ď | 11 | | revenue (Part VIII, column (A), lines 5, | | | | | | 3. | | 1,299. |
| | 12 | | revenue - add lines 8 through 11 (must | | | | | ,032,26 | | | 3,223. |
| | 13 | | s and similar amounts paid (Part IX, col | | | | | ,002,20 | 0 | 0,00. | 2,223 . |
| | 14 | Bonof | its paid to or for members (Part IX, colu | mn (A), lines (-3) | | • • • • • | | | | | o |
| | 15 | Calari | es, other compensation, employee bene | ofite (Part IV, column (A) | inac 5 10) | • • • • • | | 805,97 | | 8.4 | 8,812. |
| Expenses | ı | | ssional fundraising fees (Part IX, column | | | | | 000,01 | 0. | | <u>0,012</u> . |
| ben | | | | | | | 7, 11 | | | | |
| Ä | í | | fundraising expenses (Part IX, column (I | | | | | ,369,33 | 0 | 2 72 | 4,344. |
| | 17 18 | | expenses (Part IX, column (A), lines 11 expenses. Add lines 13-17 (must equal | | | | | ,175,31 | | | 3,156. |
| | 19 | | | | | |) | 856,95 | | | 0,067. |
| ces | | Keven | ue less expenses. Subtract line 18 fron | 1 line 12 | | | | of Current Y | | End of Ye | |
| ance | 20 | Takal . | annata (Dart V. lina 16) | | | | | ,852,71 | | 118,75 | |
| Net Assets Fund Balanc | 20 | | assets (Part X, line 16) | | <i>.</i> | | | ,711,52 | | 21,872 | |
| et A | 21 | | iabilities (Part X, line 26) | | | | | | | | 8,981. |
| | 22 rt II | | sets or fund balances. Subtract line 21 mature Block | nom line 20 | | | 100 | ,141,19 | ۷٠ | | <u>, 901</u> . |
| | | | | is return, including accompa | anvina scheduli | ac and etatem | nente and t | a the heat of | my kno | ufodne and h | aliaf it is |
| true | , corre | ect, and | f perjury, I declare that I have examined th complete. Declaration of preparer (other than | officer) is based on all infor | mation of which | h preparer has | s any knowl | edge. | IIIy KIIO | wiedye alid b | ener it is |
| | | ١. | | | | | | | | | |
| Sig | n | | Signature of officer | | | | | l Date | | | |
| Hei | | | KEVIN GAGE | | תום ביא כיווו | RER/CFO | | | | | |
| | | | Type or print name and title | | TKEASU | RER/CFU | | | | | |
| | | | Type preparer's name | Preparer's signature | | Date | | | ; PTII | <u></u> | |
| Paid | ı | | | Christopha I | 3 Banas | 08/14 | /16 | Check self-employe | " | | > |
| Pre | oarer | | ISTOPHER B BOGGS | | - Madda | 00/14 | T T | | | 00032493 | |
| Use | Only | | name ► ERNST & YOUNG U. | | | | | | | 65596 | |
| Mari | the " | Firm's | address ► 111 MONUMENT CIRCLE, ST | E 4000 INDIANAPOLIS, I | N 46204 | | Pho | one no. | 2T/-6 | 81-7000 | |
| - | | | | | <i>y</i> | | | | | Yes | X No |
| For | rape | rwork | Reduction Act Notice, see the separat | e instructions. | | | | | | Form 99 | U (2014) |

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V 14-7.16

| | m 990 (2014) | Page |
|-------|--|-------------|
| Pa | Statement of Program Service Accomplishments | _ |
| _ | Check if Schedule O contains a response or note to any line in this Part III | |
| | Briefly describe the organization's mission: | |
| | STAMFORD HEALTH, INC. IS A SUPPORTING ORGANIZATION WHOSE MISSION IS | |
| | TO SUPPORT ITS AFFILIATED ORGANIZATIONS: THE STAMFORD HOSPITAL, | |
| | MILLER HALL MEDICAL SUITES, STAMFORD HEALTH FOUNDATION AND STAMFORD | |
| _ | HEALTH MEDICAL GROUP. | |
| | Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? | X N |
| 3 | Did the organization cease conducting, or make significant changes in how it conducts, any program | |
| | services? Yes If "Yes," describe these changes on Schedule O. | <u>X</u> No |
| | Describe the organization's program service accomplishments for each of its three largest program services, as meas expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to the total expenses, and revenue, if any, for each program service reported. | |
| | (Code:) (Expenses \$ | |
| | PARENT CORPORATION THAT OVERSEES AND COORDINATES THE STAMFORD | |
| | HOSPITAL AND AFFILIATED CORPORATIONS THAT PROVIDE A BROAD RANGE OF | |
| | HEALTHCARE AND RELATED SERVICES TO THE COMMUNITIES OF SOUTHERN | |
| | FAIRFIELD COUNTY CONNECTICUT AND ADJOINING COMMUNITIES IN | |
| 1 | WESTCHESTER COUNTY, NEW YORK. | |
| | | |
| | | |
| | | |
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| | | |
| | | |
| | | |
| | (Code:) (Expenses \$ | |
| | OWNER AND OPERATOR OF OFFICE BUILDING ADJACENT TO THE STAMFORD | |
| | HOSPITAL'S MAIN CAMPUS WHICH IS PRIMARILY USED FOR PHYSICIAN | |
| | OFFICES. | |
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| | | |
| С | (Code:) (Expenses \$including grants of \$) (Revenue \$) | |
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| | | |
| | Other program services (Describe in Schedule O.) (Expenses \$ including grants of \$) (Revenue \$) | |
| | | |
| SA | Total program service expenses ► 2,406,065. | |
| 20 1. | | |
| | 578830 1274 V 14-7.16 | AGE |

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| Part | IV Checklist of Required Schedules | | | |
|------|---|----------|-----|-----------|
| | | | Yes | No |
| 1 | Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," | | | |
| | complete Schedule A | 1 | X | |
| 2 | Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? | 2 | | X |
| 3 | Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to | | | |
| | candidates for public office? If "Yes," complete Schedule C, Part I | 3 | | Х |
| 4 | Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) | ١. | 1 | |
| _ | election in effect during the tax year? If "Yes," complete Schedule C, Part II. | 4 | | X |
| 5 | Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, | | | |
| | assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, | _ | | Х |
| 6 | Part III | _5 | | ^ |
| U | have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If | | | |
| | "Yes," complete Schedule D, Part I. | 6 | | х |
| 7 | Did the organization receive or hold a conservation easement, including easements to preserve open space, | <u> </u> | | |
| | the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II | 7 | | Х |
| 8 | Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," | | | |
| | complete Schedule D, Part III | 8 | | Х |
| 9 | Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a | | | |
| | custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or | | | |
| | debt negotiation services? If "Yes," complete Schedule D, Part IV | 9 | | Х |
| 10 | Did the organization, directly or through a related organization, hold assets in temporarily restricted | | | |
| | endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V | 10 | | Χ |
| 11 | If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, | | | |
| | VII, VIII, IX, or X as applicable. | | | |
| а | Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," | | | |
| | complete Schedule D, Part VI | 11a | X | |
| þ | Did the organization report an amount for investments-other securities in Part X, line 12 that is 5% or more | l | ,, | |
| _ | of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII | 11b | X | |
| Ç | Did the organization report an amount for investments-program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII | 44. | | v |
| a | Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets | 11c | | X |
| u | reported in Part X, line 16? If "Yes," complete Schedule D, Part IX | 11d | x | |
| Δ. | Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X | 11e | X | |
| | Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses | 116 | | |
| · | the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X | 11f | | Х |
| 12a | Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," | <u> </u> | | |
| | complete Schedule D, Parts XI and XII | 12a | | Х |
| b | Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if | | | |
| | the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional | 12b | Х | |
| 13 | Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E | 13 | | X |
| | Did the organization maintain an office, employees, or agents outside of the United States? | 14a | | X |
| þ | Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, | | | |
| | fundraising, business, investment, and program service activities outside the United States, or aggregate | | | |
| | foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV | 14b | | _X_ |
| 15 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or | | | |
| | for any foreign organization? If "Yes," complete Schedule F, Parts II and IV | 15 | | <u> X</u> |
| 16 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other | | | 3.7 |
| 47 | assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV | 16 | | _X_ |
| 17 | Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions) | 47 | | v |
| 18 | Did the organization report more than \$15,000 total of fundraising event gross income and contributions on | 17 | | X |
| 10 | Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II | 18 | | Х |
| 19 | Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? | 10 | | |
| | If "Yes," complete Schedule G, Part III | 19 | | Х |
| 20a | Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H | 20a | | X |
| | If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? | | | |
| | | | 200 | |

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| Part | V Checklist of Required Schedules (continued) | | | |
|------|--|-----|---------|--------|
| | | | Yes | No |
| 21 | Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or | | | |
| | domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II | 21 | | Х |
| 22 | Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on | | | |
| | Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III | 22 | | Х |
| 23 | Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the | | | |
| | organization's current and former officers, directors, trustees, key employees, and highest compensated | | | |
| | employees? If "Yes," complete Schedule J | 23 | X | |
| 24 a | Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than | | | |
| | \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b | | | |
| | through 24d and complete Schedule K. If "No," go to line 25a | 24a | | Х |
| b | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | 24b | | |
| С | Did the organization maintain an escrow account other than a refunding escrow at any time during the year | | | |
| | to defease any tax-exempt bonds? | 24c | | |
| d | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? , . | 24d | | |
| 25 a | Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit | | | |
| | transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I | 25a | | Х |
| b | Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior | | | |
| | year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? | I | | |
| | If "Yes," complete Schedule L, Part I | 25b | | Х |
| 26 | Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any | | | |
| | current or former officers, directors, trustees, key employees, highest compensated employees, or | | | |
| | disqualified persons? If "Yes," complete Schedule L, Part II | 26 | | Х |
| 27 | Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, | | | |
| | substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled | | | |
| | entity or family member of any of these persons? If "Yes," complete Schedule L, Part III | 27 | | Х |
| 28 | Was the organization a party to a business transaction with one of the following parties (see Schedule L, | | | |
| | Part IV instructions for applicable filing thresholds, conditions, and exceptions): | | i . i . | |
| а | A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV | 28a | | X |
| | A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete | | | |
| | Schedule L, Part IV | 28b | | Х |
| С | An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) | | | |
| | was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV | 28c | | Х |
| 29 | Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M | 29 | | Х |
| 30 | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified | | | |
| | conservation contributions? If "Yes," complete Schedule M | 30 | | Х |
| 31 | Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, | | | |
| | Part I, , | 31 | | Х |
| 32 | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," | | | |
| | complete Schedule N, Part II | 32 | | Х |
| 33 | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations | | | |
| | sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I | 33 | Х | |
| 34 | Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, | | | |
| | or IV, and Part V, line 1 | 34 | Х | |
| 35a | Did the organization have a controlled entity within the meaning of section 512(b)(13)? | 35a | Х | |
| | If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a | | | |
| | controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 | 35b | X | |
| 36 | Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable | | | |
| | related organization? If "Yes," complete Schedule R, Part V, line 2 | 36 | | X |
| 37 | Did the organization conduct more than 5% of its activities through an entity that is not a related organization | | | |
| | and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, | | | |
| | Part VI | 37 | | Х |
| 38 | Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and | | | |
| | 19? Note. All Form 990 filers are required to complete Schedule O | | Х | |
| | | | 000 | (2014) |

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| Par | | | | |
|-----|--|-----|-----------------|---|
| | Check if Schedule O contains a response or note to any line in this Part V | | | <u>- </u> |
| 4.5 | Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable | | Yes | No |
| | Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable | | | |
| | Did the organization comply with backup withholding rules for reportable payments to vendors and | | | |
| Ū | reportable gaming (gambling) winnings to prize winners? | 1c | Χ | 3000000000 |
| 2a | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax | | | |
| | Statements, filed for the calendar year ending with or within the year covered by this return . 2a | | | |
| b | If at least one is reported on line 2a, did the organization file all required federal employment tax returns? | 2b | X0X980X980 | nwosoxosnxs |
| | Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) | | | |
| 3a | Did the organization have unrelated business gross income of \$1,000 or more during the year? | 3a | Х | |
| | If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O | 3b | X | |
| 4a | At any time during the calendar year, did the organization have an interest in, or a signature or other authority | | | |
| | over, a financial account in a foreign country (such as a bank account, securities account, or other financial | | | |
| | account)? , | 4a | Χ | 000000000000000000000000000000000000000 |
| b | If "Yes," enter the name of the foreign country: ▶ BERMUDA | | | |
| | See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts | | | |
| | (FBAR). | _ | | 37 |
| | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? | 5a | | $\frac{x}{x}$ |
| | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? | 5b | | |
| | If "Yes" to line 5a or 5b, did the organization file Form 8886-T? | 5c | | |
| va | organization solicit any contributions that were not tax deductible as charitable contributions? | 6a | | Х |
| b | If "Yes," did the organization include with every solicitation an express statement that such contributions or | | | |
| | gifts were not tax deductible? | 6b | | |
| 7 | Organizations that may receive deductible contributions under section 170(c). | | | |
| | Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods | | | |
| | and services provided to the payor? | 7a | | Х |
| b | If "Yes," did the organization notify the donor of the value of the goods or services provided? | 7b | | |
| C | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was | | | |
| | required to file Form 8282? | 7c | | X |
| | If "Yes," indicate the number of Forms 8282 filed during the year , | | <u>.</u> | |
| | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? | 7e | | <u> X</u> |
| | , | 7f | | X |
| | If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? | 7g | | |
| | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the | 7h | | |
| U | enonsoring organization have expess husiness holdings at any time during the year? | 8 | 300000000 | |
| 9 | Sponsoring organization mave excess business holdings at any time during the year? | | | |
| | Did the sponsoring organization make any taxable distributions under section 4966? | 9a | 603003603603603 | 9/00/10/00/10/00 |
| | Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? | 9b | | |
| 0 | Section 501(c)(7) organizations. Enter: | | | |
| а | Initiation fees and capital contributions included on Part VIII, line 12 | | | |
| | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b | | | |
| | Section 501(c)(12) organizations. Enter: | | | |
| | Gross income from members or shareholders | | | |
| b | Gross income from other sources (Do not net amounts due or paid to other sources | | | |
| | against amounts due or received from them.) | 40- | | |
| | | 12a | | |
| | If "Yes," enter the amount of tax-exempt interest received or accrued during the year | | | |
| | Is the organization licensed to issue qualified health plans in more than one state? | 13a | ************ | 30100000000000000000000000000000000000 |
| | Note. See the instructions for additional information the organization must report on Schedule O. | | | |
| | Enter the amount of reserves the organization is required to maintain by the states in which | | | |
| | the organization is licensed to issue qualified health plans | | | |
| | Enter the amount of reserves on hand | | | |
| | Did the organization receive any payments for indoor tanning services during the tax year? | 14a | | Х |
| | If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O | 14b | | |

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Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No"

Part VI

response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Section A. Governing Body and Management No 1a Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O. Enter the number of voting members included in line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with Did the organization delegate control over management duties customarily performed by or under the direct X supervision of officers, directors, or trustees, or key employees to a management company or other person? . . 3 Χ 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?..... Χ 5 5 Did the organization become aware during the year of a significant diversion of the organization's assets?.... 6 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint 7a Are any governance decisions of the organization reserved to (or subject to approval by) members, 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 8a Χ 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code,) No Χ 10a b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, 10b affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? . . . Χ 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?. 11a b Describe in Schedule O the process, if any, used by the organization to review this Form 990. X 12a b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give Χ 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," 12c X 13 13 Did the organization have a written whistleblower policy?....... X 14 Did the organization have a written document retention and destruction policy?......... Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? 15a 15b If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement X 16a b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed ▶______ Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) 18 available for public inspection. Indicate how you made these available. Check all that apply. X Upon request Another's website Other (explain in Schedule O) Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and 19 financial statements available to the public during the tax year. 20 State the name, address, and telephone number of the person who possesses the organization's books and records; KEVIN GAGE, TREASURER/CFO ONE HOPSITAL PLAZA STAMFORD, CT 06904 JSA

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Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response or note to any line in this Part VII.........

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

| Check this box if neither the organization | on nor any related | ed organization compensated any current officer, director, or trustee. | | | | | | | | |
|--|--------------------|--|--------------|-------------------|--------------|--|--|--|--|--|
| | | (C) | | | | | | | | |
| (A) | (B) | Position | (D) | (E) | (F) | | | | | |
| Name and Title | Average | (do not check more than one | Reportable | Reportable | Estimated | | | | | |
| | hours per | box, unless person is both an | compensation | compensation from | amount of | | | | | |
| | week (list any | officer and a director/trustee) | from | related | other | | | | | |
| | hours for | | the | organizations | compensation | | | | | |
| | related | Form Highe emple Key e Office Instit | organization | (W-2/1099-MISC) | from the | | | | | |

| | hours per week (list any | office | | - | | is both tor/trust | | compensation from | related related | amount of other |
|-------------------------|--|--------------------------------|-----------------------|---------|--------------|------------------------------|--------|--|----------------------------------|--|
| | hours for related organizations below dotted line) | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | the organization (W-2/1099-MISC) | organizations (W-2/1099-MISC) | compensation from the organization and related organizations |
| (1)DAVID JAHNS | 2.00 | | | | | | | | | |
| DIRECTOR | 2.00 | Х | | | | | | | ol | 0 |
| (2)BRIAN GRISSLER | 2.00 | | | | - | | | | | |
| PRESIDENT AND CEO | 38.00 | Х | | Х | | | | | 1,908,274. | 158,111. |
| (3)DR. CHARLES MINER | 2.00 | | | | | | | | | |
| DIRECTOR | 38.00 | X | | | | | | 0 | 215,856. | 47,601. |
| (4)ANDREW MERRILL | 2.00 | | | | | | | | | |
| VICE CHAIRMEN | 2.00 | X | | | | | | 0 | O O | 0 |
| (5)MICHAEL FEDELE | 2.00 | | | | | | | | | |
| CHAIRMAN | 2.00 | Χ | | Χ | | | | 0 | 0 | 0 |
| (6)ADOLF DIBIASIO | 2.00 | | | | | | | | | |
| DIRECTOR | 2.00 | X | | | | | | 0 | 0 | 0 |
| _(7)MARYANN KELLER-CHAI | 2.00 | | | | | | | | | |
| DIRECTOR | 2.00 | X | | | | | | 0 | 0 | 0 |
| (8)DR. ARTHUR A. KLEIN | 2.00 | | | | | | | | | |
| DIRECTOR | 2.00 | X | | | | | | 0 | . 0 | 0 |
| (9)DR. GERALD RAKOS | 2.00 | | | | | | | | | |
| PHYSICIAN | 38.00 | _X_ | | | | | | 0 | 483,569. | 35,252. |
| (10)SUZANNE BEITEL | 2.00 | | | | | , | | | | |
| DIRECTOR | 2.00 | X | | | | | | 0 | 0 | 0 |
| (11) TERRANCE BERLAND | 2.00 | | | | | | | | | |
| DIRECTOR | 2.00 | X | | | | | | . 0 | 0 | 0 |
| (12)DR. JOSHUA HERBERT | 2.00 | | | | | | | _ | | |
| DIRECTOR | 38.00 | X | | | | | | 0 | 201,691. | 25,067. |
| (13) DARRYL MCCORMICK | 2.00 | | | | | | | _ | | |
| ASSISTANT SECRETARY | 38.00 | | | X | | | | 0 | 526,243. | 60,407. |
| (14)DAVID SMITH | 2.00 | | | | | | | _ | [[| |
| ASSISTANT SECRETARY | 38.00 | | | Χ | | | | 0 | 548,388. | 80,935. |

| rage (| j | | |
|--------|---|--|--|
|--------|---|--|--|

| (A) Name and title | (B) Average hours per week (list any hours for related organizations below dotted line) | do x, office or dire | not cl | Pos heck | c) sition more | e is or employee | one an | (D) Reportable compensation from the organization (W-2/1099-MISC) | (E) Reportable compensation fror related organizations (W-2/1099-MISC | other compensat | of tion e on ed |
|--|---|----------------------|--------|-------------|----------------------|------------------|--------------|---|---|--------------------|-----------------------------|
| 15) KEVIN GAGE TREASURER/CFO | 2.00 | ⊣ | | Х | | | | | 001 667 | 40 | 07.6 |
| 16) KATHLEEN SILARD | 2.00 | - | | Ţ. | | | | | 881,667 | 48, | 9/0 |
| ASSISTANT SECRETARY | 38.00 | | | Х | | | | C | 775,017 | . 63, | 854 |
| | | | | | | | | | | 1 | |
| | | , | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | 1 | | | | |
| 1b Sub-total | | | | | | | | 0 | 3,884,021 | . 407,3 | |
| c Total from continuation sheets to Part VII, So | ection A . | | | | | | • | 0 | 1,656,684 | . 112,8 | 830. |
| d Total (add lines 1b and 1c) | limited to t | | liste | | | | o re | ceived more than | 0,020,.00 | . 520,2 | <u> 203</u> |
| 3 Did the organization list any former offic employee on line 1a? If "Yes," complete Schedu | ule J for su | ch ind | ividι | ıal | | · · · | • • | | | Yes 3 | |
| 4 For any individual listed on line 1a, is the sorganization and related organizations greindividual | eater than | \$15 | 0,0 | 00? | lf | "Yes | ," (| complete Schedu | sation from the | 4 X | |
| 5 Did any person listed on line 1a receive or for services rendered to the organization? If "Yes | accrue co | mpen | satio | on f | rom | any | uni | related organization | | 5 | Х |
| Section B. Independent Contractors | | | | | | | | | | | |
| 1 Complete this table for your five highest com- compensation from the organization. Report c | pensated i ompensati | ndepe on for | the | ent o | iend | tracto lar ye | rs t ar e | that received more ending with or with | than \$100,000 in the organizati | of on's tax | |
| year. | | | | | | | | (B) | ì | (C) | |
| (A) Name and business add | iress | | | | | | | Description of se | rvices | Compensation | |
| (A) | iress | | | | | | | Description of se | rvices | Compensation | |
| (A) Name and business add | iress | | · | | | | | Description of se | rvices | Compensation | |

Part VIII Statement of Revenue

| | | Check if Schedule O contains a respon | se or note to a | ny line in this Part | VIII | | |
|--|------------------------|--|-------------------------|----------------------|--|---|--|
| | | | | (A) Total revenue | (B) Related or exempt function revenue | (C) Unrelated business revenue | (D) Revenue excluded from tax under sections 512-514 |
| Contributions, Gifts, Grants and Other Similar Amounts | 1a b c d e | Federated campaigns | | | | | |
| Contribuand Other | g | and similar amounts not included above . 1f Noncash contributions included in lines 1a-1f: \$ Total. Add lines 1a-1f | | | | | |
| Revenue | 2a | RENTAL ACTIVITY | Business Code 532000 | 2,186,678. | 2,186,678. | | |
| Program Service Revenue | b d | | | | | | |
| Progra | f g | All other program service revenue | | 2,186,678. | | | |
| | 3 4 5 | Investment income (including divident and other similar amounts) | proceeds . | 1,040,617. | | 21,140. | 1,019,477 |
| | 6a b c | Gross rents | (ii) Personal | | | | arcsers committee or marcs 1985 of section of the artistics of deal and the section deal and the section |
| | d 7a b | Net rental income or (loss) | (ii) Other | | | | e piggi proportion a francia proportion de la linguage que de la linguage que de la linguage que |
| nue | c d 8a | Gain or (loss) | | 4,774,629. | | | 4,774,629. |
| Other Reven | b | events (not including \$ of contributions reported on line 1c). See Part IV, line 18 | | | | | |
| 0 | 9a | Net income or (loss) from fundraising events. Gross income from gaming activities. See Part IV, line 19 | | | e Bagaran de de Bandaran de des | | A COURT OF B |
| | b c | Less: direct expenses | | 0 | | | |
| | 10a b | Gross sales of inventory, less returns and allowances | | | | | |
| | <u> </u> | Net income or (loss) from sales of inventory. Miscellaneous Revenue | Business Code | 0 | | | |
| | 11a b c | ALL OTHER INCOME | 900099 | 1,299. | | | 1,299. |
| | d e | All other revenue | | 1,299. | | | |
| | 12 | Total revenue. See instructions | | 8,003,223. | 2,186,678. | 21,140. | 5,795,405 |

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Part IX Statement of Functional Expenses
Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

| | Check if Schedule O contains a res | | ne in this Part IX | | |
|----|--|-----------------------|------------------------------|---|--------------------------------|
| | not include amounts reported on lines 6b, 7b, 9b, and 10b of Part VIII. | (A) Total expenses | (B) Program service expenses | (C) Management and general expenses | (D) Fundraising expenses |
| 1 | Grants and other assistance to domestic organizations | | | | |
| | and domestic governments. See Part IV, line 21 | 0 | | | |
| 2 | Grants and other assistance to domestic individuals. See Part IV, line 22 | 0 | | | |
| 3 | Grants and other assistance to foreign | | | | |
| | organizations, foreign governments, and foreign | | | | |
| | individuals. See Part IV, lines 15 and 16 | 0 | | | |
| 4 | Benefits paid to or for members | 0 | | | |
| | Compensation of current officers, directors, | | | | |
| Ť | trustees, and key employees | 0 | | | |
| 6 | Compensation not included above, to disqualified | | | | |
| ŭ | persons (as defined under section 4958(f)(1)) and | | | | |
| | persons described in section 4958(c)(3)(B) | 0 | | | |
| 7 | Other salaries and wages | 0 | | | |
| | Pension plan accruals and contributions (include | - | | | |
| ۰ | section 401(k) and 403(b) employer contributions | 848,812. | | 848,812. | |
| | | 010/012. | | 010,012. | |
| | Other employee benefits | <u> </u> | 1 | | |
| 10 | • | | | | |
| | Fees for services (non-employees): | 45,313. | 45,313. | | |
| | Management | 45,515. | 10,010. | | |
| | Legal | 80,919. | | 80,919. | |
| | Accounting | 00,919. | | 00,919. | |
| | Lobbying | <u>~</u> | | | |
| | Professional fundraising services. See Part IV, line 17. | 0 | | | |
| | Investment management fees | U | | | |
| g | Other. (If line 11g amount exceeds 10% of line 25, column | 47 040 | 47 040 | | |
| | (A) amount, list line 11g expenses on Schedule O.) | 47,048. | 47,048. | | |
| | Advertising and promotion | 0 | | 0.5.50.5 | |
| 13 | Office expenses | 84,567. | 57,961. | 26,606. | |
| 14 | Information technology | 567. | 567. | | |
| 15 | Royalties | 0 | | | |
| 16 | Occupancy | 1,375,736. | 1,375,736. | | |
| 17 | Travel | 0 | | | |
| 18 | Payments of travel or entertainment expenses | | | | |
| | for any federal, state, or local public officials | 0 | | | |
| 19 | Conferences, conventions, and meetings | 0 | | | |
| 20 | Interest | 156,788. | 156,788. | | |
| 21 | Payments to affiliates | 0 | | | |
| 22 | Depreciation, depletion, and amortization | 495,792. | 495,792. | | |
| 23 | Insurance | 0 | | , | |
| 24 | Other expenses, Itemize expenses not covered | | | | |
| | above (List miscellaneous expenses in line 24e. If | | | | |
| | line 24e amount exceeds 10% of line 25, column | | | | |
| | (A) amount, list line 24e expenses on Schedule O.) | | | | |
| а | REAL ESTATE TAXES | 209,321. | 209,321. | | |
| b | ADMINISTRATIVE OVERHEAD | 172,136. | | 172,136. | |
| c | TAXES STATE/FED INCOME | 38,618. | | 38,618. | |
| | ALL OTHER EXPENSES | 17,539. | 17,539. | | |
| e | All other expenses | | | | |
| | Total functional expenses. Add lines 1 through 24e | 3,573,156. | 2,406,065. | 1,167,091. | |
| 26 | Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and | | | | |
| | fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720) | 0 | | | |

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Page **11**

| Рa | rt X | Balance Sheet | | | |
|-----------------------------|------|--|--|-----|-----------------------|
| | | Check if Schedule O contains a response or note to any line in this Pa | art X | | <u> </u> |
| | | | (A) Beginning of year | | (B) End of year |
| | 1 | Cash - non-interest-bearing | C | 1 | (|
| | 2 | Savings and temporary cash investments | 5,725,284. | 2 | 4,823,580. |
| | 3 | Pledges and grants receivable, net | C | 3 | |
| | 4 | Accounts receivable, net | 497,425. | 4 | 199,431 |
| | 5 | Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. | | | |
| | | | | 5 | |
| | 6 | Complete Part II of Schedule L Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L | | 6 | |
| Assets | 7 | Notes and loans receivable, net | C | 7 | |
| 155 | 8 | Inventories for sale or use | C | 8 | |
| | 9 | Prepaid expenses and deferred charges | 63,487. | 9 | 69,031 |
| | 10 a | Land, buildings, and equipment: cost or | | | |
| | | other basis. Complete Part VI of Schedule D 19, 659, 012. | | | |
| | b | Less: accumulated depreciation 12,230,539. | 7,404,837. | 10c | 7,428,473 |
| | 11 | Investments - publicly traded securities | 124,966,028. | 11 | 64,342,761. |
| | 12 | Investments - other securities. See Part IV, line 11 | 33,102,671. | | 34,734,240. |
| ŀ | 13 | Investments - program-related. See Part IV, line 11 | 0 | 13 | |
| i | 14 | Intangible assets | 0 | 14 | |
| | 15 | Other assets. See Part IV, line 11 | 11,092,985. | 15 | 7,153,885 |
| | 16 | Total assets. Add lines 1 through 15 (must equal line 34) | 182,852,717. | | 118,751,401 |
| | 17 | Accounts payable and accrued expenses | 212,303. | 17 | 342,050 |
| | 18 | Grants payable | | 18 | |
| | 19 | Deferred revenue | 99,647. | 19 | 127,078 |
| | 20 | Tax-exempt bond liabilities | 0 | 20 | |
| ရွ | 21 | Escrow or custodial account liability. Complete Part IV of Schedule D | 0 | 21 | |
| ≝∣ | 22 | Loans and other payables to current and former officers, directors, | | . " | |
| Liabilities | | trustees, key employees, highest compensated employees, and | | | |
| | | disqualified persons. Complete Part II of Schedule L | 0 | 22 | |
| | 23 | Secured mortgages and notes payable to unrelated third parties | 0 | 23 | |
| | 24 | Unsecured notes and loans payable to unrelated third parties. | 5,120,000. | 24 | 4,880,000 |
| | 25 | Other liabilities (including federal income tax, payables to related third | | | |
| | | parties, and other liabilities not included on lines 17-24). Complete Part X | | | |
| | | of Schedule D | 14,279,575. | 25 | 16,523,292. |
| | 26 | Total liabilities. Add lines 17 through 25 | 19,711,525. | 26 | 21,872,420 |
| es | - | Organizations that follow SFAS 117 (ASC 958), check here X and complete lines 27 through 29, and lines 33 and 34. | | | |
| - SE | 27 | Unrestricted net assets | 160,733,698. | 27 | 94,471,487. |
| 3al; | 28 | Temporarily restricted net assets | 2,361,009. | 28 | 2,361,009. |
| <u> </u> | 29 | Permanently restricted net assets | 46,485. | 29 | 46,485 |
| Net Assets or Fund Balances | | Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34. | | | |
| S | 30 | Capital stock or trust principal, or current funds | San accessor an airida accessor to accessor accessor accessor accessor accessor accessor accessor accessor acc | 30 | |
| sei | 31 | Paid-in or capital surplus, or land, building, or equipment fund | | 31 | |
| AS | 32 | Retained earnings, endowment, accumulated income, or other funds | | 32 | |
| et | 33 | Total net assets or fund balances | 163,141,192. | 33 | 96,878,981. |
| | 34 | Total liabilities and net assets/fund balances | 182,852,717. | 34 | 118,751,401. |
| - | | | 101,002,111. | ~~ | Form 990 (2014 |

| Form 9 | 90 (2014) | | | | Pag | ge 12 |
|--------|--|-------|-----------|-------|---------|--------|
| Part | XI Reconciliation of Net Assets | | | | | |
| | Check if Schedule O contains a response or note to any line in this Part XI | | <u></u> . | | <u></u> | X |
| 1 | Total revenue (must equal Part VIII, column (A), line 12) | 1 | | 8,0 | 03,2 | |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | | 3,5 | 73,1 | .56. |
| 3 | Revenue less expenses. Subtract line 2 from line 1 | 3 | | 4,4 | 30,0 | 67. |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) | 4 | 1 | 63,1 | 41,1 | 92. |
| 5 | Net unrealized gains (losses) on investments | 5 | | -6,3 | 77,0 | 22. |
| 6 | Donated services and use of facilities | 6 | | | | 0 |
| 7 | Investment expenses | 7 | | | | 0 |
| 8 | Prior period adjustments | 8 | | | | 0 |
| 9 | Other changes in net assets or fund balances (explain in Schedule O) | 9 | | 64,3 | 15,2 | 56. |
| 10 | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line | | | | | |
| | 33, column (B)) | 10 | | 96,8 | 78,9 | 81. |
| Part | | | | | | _ |
| | Check if Schedule O contains a response or note to any line in this Part XII | | <u></u> | | | \Box |
| | | | | | Yes | No |
| 1 | Accounting method used to prepare the Form 990: Cash X Accrual Other | | | | 7 | |
| | If the organization changed its method of accounting from a prior year or checked "Other," ex | plair | ı in | | 1.7 fg | |
| | Schedule O. | | | 1 | | |
| 2a | Were the organization's financial statements compiled or reviewed by an independent accountant? . | | | 2a | | X |
| | If "Yes," check a box below to indicate whether the financial statements for the year were com | piled | or | | | |
| | reviewed on a separate basis, consolidated basis, or both: | | | | | |
| | Separate basis Consolidated basis Both consolidated and separate basis | | | | | |
| b | Were the organization's financial statements audited by an independent accountant? | | | 2b | Х | |
| | If "Yes," check a box below to indicate whether the financial statements for the year were audit | | | | | |
| | separate basis, consolidated basis, or both: | | | | | 150 |
| | Separate basis X Consolidated basis Both consolidated and separate basis | | | 15 | | |
| С | If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for o | vers | ight | | | |
| | of the audit, review, or compilation of its financial statements and selection of an independent according | | | 2c | X | |
| | If the organization changed either its oversight process or selection process during the tax year, ex | | | | | 41 4 E |
| | Schedule O. | | | 111.6 | | |
| 3a | As a result of a federal award, was the organization required to undergo an audit or audits as set | fortl | h in | | | |
| | the Single Audit Act and OMB Circular A-133? | | | 3a | | Х |
| b | If "Yes," did the organization undergo the required audit or audits? If the organization did not under | ergo | the | | | |
| | required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits. | | | 3b | | |

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

► Attach to Form 990 or Form 990-EZ.

▶Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Employer identification number

| Name of the organization | | | | • | Employer ider | itification number | | |
|---|--|---|-------------|-------------------------------|-------------------------------------|-----------------------------------|--|--|
| STAMFORD HEALTH, INC. | | | | | | -2476636 | | |
| Part I Reason for Public Cha | arity Status (All o | organizations must o | complet | te this pa | art.) See instructions | S | | |
| The organization is not a private for | indation because it | t is: (For lines 1 throu | gh 11, cl | heck only | one box.) | | | |
| 1 A church, convention of ch | urches, or associa | tion of churches desc | ribed in s | section 1 | 70(b)(1)(A)(i). | | | |
| 2 A school described in sect | ion 170(b)(1)(A)(ii) |). (Attach Schedule E.) |) | | | | | |
| 3 A hospital or a cooperative | hospital service o | organization described | in sectio | on 170(b) | (1)(A)(iii). | | | |
| 4 A medical research organi | zation operated in | conjunction with a ho | spital de | scribed i | n section 170(b)(1)(A) | (iii). Enter the | | |
| hospital's name, city, and s | tate: | | | | | | | |
| An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) | | | | | | | | |
| 6 A federal, state, or local go | overnment or gove | rnmental unit describe | ed in sec | tion 170(| (b)(1)(A)(v). | | | |
| 7 An organization that norm | ally receives a sub | bstantial part of its su | pport fr | om a go | vernmental unit or fr | om the general public | | |
| described in section 170(b |)(1)(A)(vi). (Compl | lete Part II.) | | | | | | |
| 8 A community trust describe | ed in section 170(t | b)(1)(A)(vi). (Complete | e Part II.) | } | | | | |
| 9 An organization that norm | ally receives: (1) n | nore than 331/3% of | its supp | ort from | contributions, memb | ership fees, and gross | | |
| receipts from activities rel | lated to its exemp | t functions - subject | to certa | in excep | otions, and (2) no mo | re than 331/3% of its | | |
| support from gross inves | tment income an | d unrelated business | s taxabl | e incom | e (less section 511 | tax) from businesses | | |
| acquired by the organization | on after June 30, 19 | 975. See section 509 | (a)(2). (| Complete | Part III.) | · | | |
| 10 An organization organized | and operated excl | usively to test for publ | ic safety. | See se | tion 509(a)(4). | | | |
| 11 X An organization organized | and operated excl | usively for the benefit | of, to pe | rform the | functions of, or to ca | rry out the purposes of | | |
| one or more publicly suppo | orted organizations | described in section | 509(a)(1 | l) or sect | ion 509(a)(2). See se | ction 509(a)(3). Check | | |
| the box in lines 11a throug | h 11d that describe | es the type of support | ting orga | nization | and complete lines 11 | e, 11f, and 11g. | | |
| a Type I. A supporting org | anization operated | l, supervised, or contr | olled by | its supp | orted organization(s), | typically by giving | | |
| the supported organization | on(s) the power to | regularly appoint or e | elect a m | najority o | f the directors or trus | tees of the supporting | | |
| organization. You must c | omplete Part IV, S | Sections A and B. | | | | | | |
| b X Type II. A supporting org | janization supervis | ed or controlled in co | nnection | n with its | supported organizati | on(s), by having | | |
| control or management of | of the supporting o | organization vested in | the sam | ne persor | ns that control or mar | age the supported | | |
| organization(s). You must | t complete Part IV | , Sections A and C. | | | | | | |
| c Type III functionally inte | grated. A supporti | ing organization opera | ated in c | onnectio | n with, and functiona | lly integrated with, | | |
| its supported organization | n(s) (see instruction | ns). You must comple | te Part | IV, Sectio | ons A, D, and E. | | | |
| d Type III non-functionally | integrated. A sup | porting organization of | perated | in conn | ection with its suppor | ted organization(s) | | |
| that is not functionally into | egrated. The orgai | nization generally mus | st satisfy | a distrib | oution requirement and | d an attentiveness | | |
| requirement (see instruct | tions). You must co | omplete Part IV, Sect | ions A a | and D, an | d Part V. | | | |
| e Check this box if the orga | anization received | a written determination | n from t | the IRS t | hat it is a Type I, Type I | li, Type III | | |
| functionally integrated, or | r Type III non-funct | tionally integrated sup | porting | organizai | tion. | | | |
| f Enter the number of supported | d organizations | | | | | | | |
| g Provide the following informati | on about the suppo | orted organization(s). | | | | | | |
| (i) Name of supported organization | (ii) EIN | (iii) Type of organization (described on lines 1-9 | | organization our governing | (v) Amount of monetary support (see | (vi) Amount of other support (see | | |
| | | above or IRC section | | iment? | instructions) | instructions) | | |
| | İ | (see instructions)) | | | | | | |
| ATTACHMENT 1 | | | Yes | No | | | | |
| (A) | | | | | | | | |
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| (B) | | | | | | | | |
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| (C) | | | , | | | | | |
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| (D) | | | - | | | | | |
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| (E) | | | | | | | | |
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| Total | | | | | | | | |

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2014

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Page 2

| Pal | (Complete only if you checke Part III. If the organization fai | ed the box on l | line 5, 7, or 8 | of Part I or if t | he organizatio | n failed to qua | | |
|-----|---|---|---------------------|--------------------|------------------|-------------------|----------------|--|
| Sec | tion A. Public Support | | | | | | | |
| | ndar year (or fiscal year beginning in) | (a) 2010 | (b) 2011 | (c) 2012 | (d) 2013 | (e) 2014 | (f) Total | |
| 1 | Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") | | | | | | | |
| 2 | Tax revenues levied for the organization's benefit and either paid to or expended on its behalf | | | | | | | |
| 3 | The value of services or facilities furnished by a governmental unit to the organization without charge | | | | | | | |
| 4 | Total. Add lines 1 through 3 | 1 0 2 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 | | | | | | |
| 5 | The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) | | | | | | | |
| 6 | Public support. Subtract line 5 from line 4. | | | | | | | |
| | tion B. Total Support | | | 1 | 1 | 1 | | |
| | ndar year (or fiscal year beginning in) | (a) 2010 | (b) 2011 | (c) 2012 | (d) 2013 | (e) 2014 | (f) Total | |
| 7 | Amounts from line 4 | (-) | (.,, | (-, : - | (, | (-) | (,, | |
| 8 | Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources | | | | | | | |
| 9 | Net income from unrelated business activities, whether or not the business is regularly carried on | | | | | | | |
| 10 | Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) | | | | | | | |
| 11 | Total support. Add lines 7 through 10 | | | | | | | |
| 12 | Gross receipts from related activities, etc. (s | see instructions) . | | | | 12 | | |
| 13 | First five years. If the Form 990 is f organization, check this box and stop here | or the organizat | tion's first, secor | nd, third, fourth, | or fifth tax ye | ar as a section | 501(c)(3) ▶ | |
| Sec | tion C. Computation of Public Sup | • | . v | | | | | |
| 14 | Public support percentage for 2014 (li | | | | | 14 | % | |
| 15 | Public support percentage from 2013 | | | | | | % | |
| 16a | 331/3% support test - 2014. If the of this box and stop here. The organization | • | | | | | | |
| b | 331/3% support test - 2013. If the | organization did | I not check a b | ox on line 13 | or 16a, and line | e 15 is 331/3% | or more, | |
| | | | | | | | | |
| | check this box and stop here. The organization qualifies as a publicly supported organization | | | | | | | |
| 18 | 15 is 10% or more, and if the organization in Part VI how the organization supported organization Private foundation. If the organization | ion meets the " | 'facts-and-circur | mstances" test. | The organization | on qualifies as a | publicly | |

Schedule A (Form 990 or 990-EZ) 2014

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Page 3

Support Schedule for Organizations Described in Section 509(a)(2)
(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II.

If the organization fails to qualify under the tests listed below, please complete Part II.)

| Sec | tion A. Public Support | | | | | | |
|-----------|---|------------------------|--|--|--------------------|-----------------|--------------|
| | ndar year (or fiscal year beginning in) | (a) 2010 | (b) 2011 | (c) 2012 | (d) 2013 | (e) 2014 | (f) Total |
| 1 | Gifts, grants, contributions, and membership fees | | | | | | |
| | received. (Do not include any "unusua! grants.") | | | | | | |
| 2 | Gross receipts from admissions, merchandise | | | | | | |
| | sold or services performed, or facilities | | | | | | |
| | furnished in any activity that is related to the | | | | | | |
| | organization's tax-exempt purpose | | | | | | |
| 3 | Gross receipts from activities that are not an | | | | | | |
| | unrelated trade or business under section 513 | | | | | | |
| 4 | Tax revenues levied for the | | | | | | |
| | organization's benefit and either paid | | | | | | |
| | to or expended on its behalf | | | | | | |
| 5 | The value of services or facilities | | | | | | |
| | furnished by a governmental unit to the | | | | | | |
| | organization without charge | | | | | | |
| 6 | Total. Add lines 1 through 5 | | | | | | |
| 7 a | Amounts included on lines 1, 2, and 3 | | | | | | |
| | received from disqualified persons | | | | | | |
| D | Amounts included on lines 2 and 3 received from other than disqualified | | | | | | |
| | persons that exceed the greater of \$5,000 | | | | | | |
| | or 1% of the amount on line 13 for the year | | 1 | | | | |
| | Add lines 7a and 7b | | | | 1 | | |
| 8 | Public support (Subtract line 7c from | | | | | | |
| | fine 6.) | | <u>, </u> | ··· ··· ··· ··· ··· ··· ··· ··· ··· ·· | | a same i | |
| | tion B. Total Support | (a) 2010 | (b) 2011 | (c) 2012 | (d) 2013 | (e) 2014 | (f) Total |
| | ndar year (or fiscal year beginning in) | (a) 2010 | (6) 2011 | (0) 2012 | (4) 2015 | (6) 2017 | (i) rotal |
| 9 10 a | Amounts from line 6 | | | | | | |
| | payments received on securities loans, | | | | | | |
| | rents, royalties and income from similar | | | | | | |
| h | Sources | | | | | | |
| ь | section 511 taxes) from businesses | | | | | | |
| | acquired after June 30, 1975 | | | | | | |
| ^ | Add lines 10a and 10b | | | | | | |
| 11 | Net income from unrelated business | | | | | | |
| •• | activities not included in line 10b, | | | | | | |
| | whether or not the business is regularly | | | | | | |
| 40 | Other income. Do not include gain or | | | | | | |
| 12 | loss from the sale of capital assets | | | | | | |
| | (Explain in Part VI.) | | | | | | |
| 13 | Total support. (Add lines 9, 10c, 11, | | | | | | |
| - | and 12.) | | | | | | |
| 14 | First five years. If the Form 990 is for | the organizatio | n's first, second, | third, fourth, or | r fifth tax year a | s a section 501 | (c)(3) |
| | organization, check this box and stop here | - | | | • | | |
| Sec | tion C. Computation of Public Sup | port Percent | age | | | | |
| 15 | Public support percentage for 2014 (line 8 | , column (f) divid | ed by line 13, colu | mn (f)) | | 15 | % |
| 16 | Public support percentage from 2013 Scho | edule A, Part III, lii | ne 15 | | <u> </u> | 16 | % |
| Sec | tion D. Computation of Investmen | | | | | | |
| 17 | Investment income percentage for 2014 (li | ne 10c, column (| (f) divided by line | 13, column (f)) | | 17 | % |
| 18 | Investment income percentage from 2013 | | | | | 18 | % |
| 19 a | 331/3% support tests - 2014. If the or | | | | | e than 331/3%, | and line |
| | 17 is not more than 331/3%, check th | is box and sto | p here. The org | anization qualifie | es as a publicly | supported organ | ization 🕨 🔝 |
| b | 33 1/3 % support tests - 2013. If the orga | anization did not | check a box on | line 14 or line 1 | 9a, and line 16 is | more than 331/ | 3 %, and |
| | line 18 is not more than 331/3 %, check | this box and s | top here. The or | ganization qualifi | ies as a publicly | supported organ | ization 🕨 🔲 |
| 20 | Private foundation. If the organization | did not check | a box on line | 14, 19a, or 19i | b, check this bo | x and see instr | ructions 🕨 📗 |

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Yes No

Part IV **Supporting Organizations**

(Complete only if you checked a box on line 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

- Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answe. (b) and (c) below.
- b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2) (B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? / "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.
- b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes." answer (b) and (c) below (if applicable). Also, provide detail in Part VI. including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).
- b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations; (b) individuals that are part of the charitable class benefited by one or more of its supported organizations; or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 79 If "Yes," complete Part I of Schedule L (Form 990).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- b Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- c Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer (b) below.
 - b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

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| Section B. Type Supporting Organizations (continued) Yes No | | STAMFORD HEALTH, INC. 22-2476 | 636 | | |
|--|---------|--|---------|-----------|----------------|
| 1 Has the organization accepted a gift or contribution from any of the following persons? a A person who directly or indirectly controls, either alone or together with persone described in (b) and (c) below, the governing body of a supported organization? b A family member of a person described in (a) above? a A 35% controlled entire of a person described in (a) above? a A 35% controlled entire of a person described in (a) or (b) above? if "Yes" to a, b, or c, provide detail in Part VI. 1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organizations to resolve the usy year? If "No," describe in Part VI how the supported organizations have the power so controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or for any supported organization describe how the powers to support and organization and what conditions or resintations, if any, applied is subported organization flet but organization what conditions or resintations, if any, applied is subported organization flet but year. 2 Did the organization and what conditions or resintations, if any, applied is subported organization flet but year. 4 Did the organization and the supporting organization or subsective that the supported organization of years, applied or subported organization flet but year. 5 Section C. Type II Supporting Organizations 1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of a sch of the organization's supported organization was vested in the same persons that controlled or managed in supported organization's supported organization and to a supported organization and to a supported organization and the supported organization and the supported organization and the organization and the organization and the proposes of the organization and the proposes of the organizat | | | | 1 | Page 5 |
| 11 Has the organization accepted a gift or contribution from any of the following persons? 2 A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization? 2 A 38% controlled entity of a person described in (e) a bow? 3 A 38% controlled entity of a person described in (e) a bow? 4 A 38% controlled entity of a person described in (e) or (b) above? If "Yes" to e, b, or c, provide detail in Part VI. Section B. Type I Supporting Organizations 1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization's effectively operated, supervised, or controlled the organization's activities. If the organization are directors or trustees were elicoseted among the supported organizations and what conditions or resirctions, If any, applied to such powers during the tax year. 2 Did the organization operate for the benefit of any supported organization of the than the supported organization, described here organizated on the purposes of the supported organization? If Yes, explain in Part VI how providing such benefit carried out the purposes of the supported organization of the trustees of explain the supporting organization. 2 Section C. Type II Supporting Organizations 1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of explain in the supporting organization was vested in the same persons thet controlled or managed the supported organization and very controlled or managed the supported organization and very controlled or managed the supported organization and very controlled or managed the supported organization and very controlled or managed to the organization's average of the supported organization and very controlled or m | Part | Supporting Organizations (continued) | | Vac | No |
| a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization? b A family member of a person described in (a) abova? c A 35% controlled entity of a person described in (a) abova? c A 35% controlled entity of a person described in (a) or (b) abova? 1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organizations directors or trustees at all times during the tax year? If I'Nc," describe in Part VI how the supported organizations directors or trustees at all times during the tax year and the organization's activities of any supported organization for granization, and the providing such beared for the benefit of any supported organization or granizations and what conditions or restrictions, if any, applied to such powers during the tax year. 2 Did the organization or person or restrictions, if any, applied to such powers during the tax year. 1 Did the organization or person or restrictions, if any, applied to such powers during the tax year. 2 Did the organization or person or restrictions, if any, applied to such powers during the tax year. 3 Did the organization organization or restrictions, if any, applied to such powers during the tax year. 4 The providing such benefit carried ut the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organizations or trustees when the providing organizations are provided organizations and the supported organization or trustees of each of the organization organizations are provided organizations or trustees of each of the organization organization or trustees of each of the organization organization organizations are provided organizations organizations are provided organizations organizations are provided organizations organizations are provided organizations are provided organizations and the organization organization | 11 | Has the organization accepted a gift or contribution from any of the following persons? | | | 110 |
| b A family member of a person described in (a) above? c A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI. 1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organizations directors or trustees at all times during the tax year? If "No." describe in Part VI now the supported organizations directors or trustees at all times during the tax year and the provided of the organization's eclivities of any supported organization organization, describe how the powers to appoint and/or remove directors or trustees were elicicated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year. 2 Did the organization of the purposes of the supported organization in the transported organization organization or restrictions, if any, applied to such powers during the tax year. 3 Did the organization organization or restrictions, if any, applied to such powers during the tax year. 4 Did the organization organization or restrictions, if any, applied to such powers during the tax year. 5 Did the organization organization or restrictions, if any, applied to such powers during the tax year. 6 Did the organization organization or such provided organization organization or the supporting organization. 7 Exection C. Type III Supporting Organizations 8 Did the organization organization organization or trustees during the tax year also a majority of the directors or trustees of each of the organization orga | | | | | |
| a. A 55% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI. Section B. Type I Supporting Organizations Yes No 1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No." describe in Part V how the supported organization(s) effectively operated, supervised, or controlled the organization as activities. If the organization and more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or nestifications, if any, applied to such powers during the tax year. 2 Did the organization operate for the benefit of any supported organization (but the supporting organization) of the supporting organization or trustees of each of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's controlled organization's law year, and the supporting organization's in Part Vi how organization's trustees of each of the organization's supporting Organization's powership directors, and the supporting Organization's powers | | below, the governing body of a supported organization? | 11a | | Х |
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| organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided? 2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s). 3 By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard. Section E. Type III Functionally-Integrated Supporting Organizations 1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions): a The organization is the parent of each of its supported organizations. Complete line 3 below. c The organization is the parent of each of its supported organizations. Complete line 3 below. 2 Activities Test. Answer (a) and (b) below. a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization and explain how these activities directly further the exempt purposes, how the organization was responsive? If "Yes," explain in Part VI the reasons for the organization and explain how these activities directly further the exempt purposes, how the organization was responsive to those supported organization's involvement, one or more of the organization's position that its supported organization's inv | | Did the experiencian provide to each of its supported exceptations, by the last day of the fifth month of the | | Yes | No |
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| Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organ | izatio | ons | |
|---|--------------|------------------------------|-----------------------------|
| 1 Check here if the organization satisfied the Integral Part Test as a qualifying | trust | on Nov. 20, 1970. See inst | ructions. All |
| other Type III non-functionally integrated supporting organizations must com | nplete | Sections A through E. | |
| Section A - Adjusted Net Income | | (A) Prior Year | (B) Current Year |
| | (1911)511041 | (optional) | |
| 1 Net short-term capital gain | 1 | | |
| 2 Recoveries of prior-year distributions | 2 | | |
| 3 Other gross income (see instructions) | 3 | | |
| 4 Add lines 1 through 3 | 4 | | |
| 5 Depreciation and depletion | 5 | | |
| 6 Portion of operating expenses paid or incurred for production or | | | |
| collection of gross income or for management, conservation, or | | | |
| maintenance of property held for production of income (see instructions) | 6 | | |
| 7 Other expenses (see instructions) | 7 | | |
| 8 Adjusted Net Income (subtract lines 5, 6 and 7 from line 4) | 8 | | |
| Section B - Minimum Asset Amount | | (A) Prior Year | (B) Current Year (optional) |
| 1 Aggregate fair market value of all non-exempt-use assets (see | | | |
| instructions for short tax year or assets held for part of year): | 2.3 | | |
| a Average monthly value of securities | 1a | | |
| b Average monthly cash balances | 1b | | |
| c Fair market value of other non-exempt-use assets | 1c | | |
| d Total (add lines 1a, 1b, and 1c) | 1d | | |
| e Discount claimed for blockage or other | 14.0 | | |
| factors (explain in detail in Part VI): | | | |
| 2 Acquisition indebtedness applicable to non-exempt-use assets | 2 | | |
| 3 Subtract line 2 from line 1d | 3 | | |
| 4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, | | | |
| see instructions). | 4 | | |
| 5 Net value of non-exempt-use assets (subtract line 4 from line 3) | 5 | | |
| 6 Multiply line 5 by .035 | 6 | | |
| 7 Recoveries of prior-year distributions | 7 | | |
| 8 Minimum Asset Amount (add line 7 to line 6) | 8 | | |
| Section C - Distributable Amount | | | Current Year |
| 1 Adjusted net income for prior year (from Section A, line 8, Column A) | 1 | | |
| 2 Enter 85% of line 1 | 2 | | |
| 3 Minimum asset amount for prior year (from Section B, line 8, Column A) | 3 | | |
| 4 Enter greater of line 2 or line 3 | 4 | | |
| 5 Income tax imposed in prior year | 5 | | |
| 6 Distributable Amount. Subtract line 5 from line 4, unless subject to | | | |
| emergency temporary reduction (see instructions) | 6 | | |
| 7 Check here if the current year is the organization's first as a non-functionally instructions). | y-inte | grated Type III supporting o | rganization (see |

| Schedu Part | le A (Form 990 or 990-EZ) 2014 Type III Non-Functionally Integrated 509(a)(3) | Supporting Organizat | tions (continued) | Page 7 |
|----------------|--|--|--|---|
| | on D - Distributions | oupporting organization | ions (continuou) | Current Year |
| 1 | Amounts paid to supported organizations to accomplish ex | | | |
| 2 | Amounts paid to perform activity that directly furthers exer | | ed | |
| _ | organizations, in excess of income from activity | b. bailbagga at galbatt | | |
| 3 | Administrative expenses paid to accomplish exempt purpo | ses of supported organi | zations | |
| 4 | Amounts paid to acquire exempt-use assets | | | |
| - 5 | Qualified set-aside amounts (prior IRS approval required) | | | |
| 6 | Other distributions (describe in Part VI). See instructions. | | | |
| 7 | Total annual distributions. Add lines 1 through 6. | | | |
| 8 | Distributions to attentive supported organizations to which | the organization is resp | onsive | |
| • | (provide details in Part VI). See instructions. | | | |
| 9 | Distributable amount for 2014 from Section C, line 6 | | | |
| 10 | Line 8 amount divided by Line 9 amount | | | |
| | Section E - Distribution Allocations (see instructions) | (i) Excess Distributions | (ii) Underdistributions Pre-2014 | (iii) Distributable Amount for 2014 |
| 1 | Distributable amount for 2014 from Section C, line 6 | | | |
| 2 | Underdistributions, if any, for years prior to 2014 | | | |
| | (reasonable cause required-see instructions) | | | |
| 3 | Excess distributions carryover, if any, to 2014: | | | to the state of the state of |
| а | | | | |
| b | | | | |
| С | | | | |
| d | | | | |
| ę | From 2013 | | | |
| f | Total of lines 3a through e | | | |
| g | Applied to underdistributions of prior years | i i i i i i i i i i i i i i i i i i i | | |
| h | Applied to 2014 distributable amount | | | |
| i | Carryover from 2009 not applied (see instructions) | | | |
| i | Remainder. Subtract lines 3g, 3h, and 3i from 3f. | | | |
| 4 | Distributions for 2014 from Section | | | |
| | D, line 7: \$ | | | |
| а | Applied to underdistributions of prior years | | | |
| b | Applied to 2014 distributable amount | | | |
| С | Remainder. Subtract lines 4a and 4b from 4. | | | |
| 5 | Remaining underdistributions for years prior to 2014, if | | | |
| | any. Subtract lines 3g and 4a from line 2 (if amount | | | |
| | greater than zero, see instructions). | | | |
| 6 | Remaining underdistributions for 2014. Subtract lines 3h | 1442 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | | |
| | and 4b from line 1 (if amount greater than zero, see | | | |
| | instructions). | | | |
| 7 | Excess distributions carryover to 2015. Add lines 3j | | | |
| | and 4c. | | | |
| 8 | Breakdown of line 7: | | | |
| a | | | | |
| b | | | | |
| С | | | | titi i kilo si kilo si |
| d | Excess from 2013 | | | |
| е | Excess from 2014 | | | |
| | | | | |

Page 8

Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

SCHEDULE A, PART I - INFORMATION ABOUT SUPPORTED ORGANIZATIONS

(I) NAME OF SUPPORTED ORGANIZATION

(II) BIN ORGANIZATION YES NO SUPPORT SUPPORT AMOUNT

THE STAMFORD HOSPITAL

ATTACHMENT 1

(V) AMOUNT OF (VI) OTHER

SUPPORT AMOUNT

OG-0646917 03 X 0 0

TOTAL AMOUNT OF SUPPORT

SCHEDULE D (Form 990)

Supplemental Financial Statements ► Complete if the organization answered "Yes" to Form 990,

Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

Attach to Form 990. ▶ Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

Open to Public Inspection Employer identification number

| STA | MFORD HEALTH, INC. | | 22-2476636 |
|----------|---|--|---|
| Pa | rt I Organizations Maintaining Donor Adv | ised Funds or Other Similar Funds o | or Accounts. |
| | Complete if the organization answered | "Yes" to Form 990, Part IV, line 6. | |
| | | (a) Donor advised funds | (b) Funds and other accounts |
| 1 | Total number at end of year | | |
| 2 | Aggregate value of contributions to (during year) | | |
| 3 | Aggregate value of grants from (during year) | | |
| 4 | Aggregate value at end of year | | |
| 5 | Did the organization inform all donors and donor | advisors in writing that the assets held | d in donor advised |
| | funds are the organization's property, subject to the | organization's exclusive legal control?, | . , , , , , Yes . No |
| 6 | Did the organization inform all grantees, donors, a | and donor advisors in writing that grant | funds can be used |
| | only for charitable purposes and not for the bene | | |
| | conferring impermissible private benefit? | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | Yes No |
| Pa | rt II Conservation Easements. | W | |
| _ | Complete if the organization answered | | |
| 1 | Purpose(s) of conservation easements held by the | - · · · · · · · · · · · · · · · · · · · | |
| | Preservation of land for public use (e.g., rec | , | n of a historically important land area |
| | Protection of natural habitat | Preservation | n of a certified historic structure |
| • | Preservation of open space | ald a gualified consequation contribution i | in the form of a consequation |
| 2 | Complete lines 2a through 2d if the organization he easement on the last day of the tax year. | eid a qualined conservation contribution i | Held at the End of the Tax Year |
| _ | Total number of conservation easements | | 2a |
| a b | Total acreage restricted by conservation easements | | 2b |
| C | Number of conservation easements on a certified | | 2c |
| d | Number of conservation easements included in (| | |
| u | historic structure listed in the National Register | | ^ _{2d} |
| 3 | Number of conservation easements modified, tran | | · · · · · · · · · · · · · · · · · · · |
| | tax year ▶ | ,,,,,,,,, | |
| 4 | Number of states where property subject to conse | rvation easement is located > | |
| 5 | Does the organization have a written policy re | garding the periodic monitoring, inspe | ection, handling of |
| | violations, and enforcement of the conservation ea | | |
| 6 | Staff and volunteer hours devoted to monitoring, in | ispecting, and enforcing conservation ea | sements during the year |
| | | | |
| 7 | Amount of expenses incurred in monitoring, inspec | ting, and enforcing conservation easeme | ents during the year |
| | \$ | | |
| 8 | Does each conservation easement reported on lin | | |
| _ | and section 170(h)(4)(B)(ii)? | | |
| 9 | balance sheet, and include, if applicable, the text of | | |
| | organization's accounting for conservation easeme | _ | ciai statements that describes the |
| Pa | rt III Organizations Maintaining Collections | | er Similar Assets. |
| | Complete if the organization answered | | |
| 1a | If the organization elected, as permitted under SI | FAS 116 (ASC 958), not to report in its | revenue statement and balance sheet |
| | If the organization elected, as permitted under SI works of art, historical treasures, or other similar public service, provide, in Part XIII, the text of the form | ar assets held for public exhibition, ed | ucation, or research in furtherance of |
| l. | | | |
| b | If the organization elected, as permitted under works of art, historical treasures, or other similar public service, provide the following amounts relations. | ar assets held for public exhibition, ed | ucation, or research in furtherance of |
| | (i) Revenue included in Form 990, Part VIII, line 1 | | ▶ \$ |
| | (ii) Assets included in Form 990, Part X | | > \$ |
| 2 | If the organization received or held works of a | rt, historical treasures, or other similar | assets for financial gain, provide the |
| | following amounts required to be reported under S | | |
| а | Revenue included in Form 990, Part VIII, line 1 | | |
| <u>b</u> | Assets included in Form 990, Part X | | ▶ \$ |

| Sched | lule D (Form 990) 2014 | | | | | | | | | | age Z |
|----------|--|----------------------|----------------|----------------------|----------------|--|----------------|---------------|------------|----------|-------|
| Par | t III Organizations Maintainii | ng Collections | of Art, Hist | orical T | reasures, | or Oth | ner Simila | r Asset | s (con | tinue | ;d) |
| 3 | Using the organization's acquisition | | d other recor | ds, check | any of th | e follow | ing that are | e a signi | ificant ι | ıse o | f its |
| | collection items (check all that app | iy): | . – | ٦. | | | | | | | |
| а | Public exhibition | | d | ⊣ | or exchange | | | | | | |
| b | Scholarly research | | e | _ Other _. | | | | | | | |
| С | Preservation for future gene | | | | | | | | | | |
| 4 | Provide a description of the organ | nization's collectio | ns and expla | ain how t | hey furthe | r the org | ganization's | exempt | purpos | e in | Part |
| | XIII. | | | | | | | | | | |
| 5 | During the year, did the organization | n solicit or receive | e donations o | f art, histo | orical treas | ures, or | other simila | r | | | |
| | assets to be sold to raise funds rath | | | | | | | | Yes | | No |
| Par | t IV Escrow and Custodial Ar | | | | | | | |). Part I | V. Iir | ne 9. |
| I WI | or reported an amount or | | | | | | | | , | | |
| | | | , | | | | | | | | |
| 13 | Is the organization an agent, truste | e custodian or o | her intermed | liary for co | ontributions | s or other | r assets not | | | | |
| ıa | included on Form 990, Part X? | | | | | | | | Yes | | No |
| | If "Yes," explain the arrangement in | | | | | | | | | L | j 140 |
| D | if res, explain the arrangement | ii Fait Alli and Coi | uhiete me ro | ilowing tab | ne. | | Λ. | nount | | | |
| | 5 | | | | | | All | Tount | | | |
| C | Beginning balance | | | | | | | | | | |
| ď | Additions during the year | | | | | | | | | | |
| е | Distributions during the year | | | | | | | | | | |
| f | Ending balance | | | | <u> 1f</u> | | | | | | |
| | Did the organization include an am | | | | | | | | Yes | | No |
| b | If "Yes," explain the arrangement i | | | | | | | | | | |
| Par | t V Endowment Funds. Com | plete if the orga | inization ans | swered " | Yes" to Fo | rm 990 | , Part IV, li | ne 10. | | | |
| | | (a) Current year | (b) Pric | г уеаг | (c) Two ye | ars back | (d) Three ye | ars back | (e) Four | years | back |
| 1a | Beginning of year balance | | | | | | | | | | |
| | Contributions | | | | | | | $\overline{}$ | | | |
| | Net investment earnings, gains, | | | | | | | | | | |
| • | and losses | | | | | | | | | | |
| _ | Grants or scholarships | | | | | | | | | | |
| | | | | | | | | | | | |
| е | Other expenditures for facilities | | | | | | <u> </u> | | | | |
| | and programs | | | | | | | | | | |
| | Administrative expenses | | | | | | | | | | |
| g | End of year balance | | | | | | | | | | |
| 2 | Provide the estimated percentage | | r end balance | e (line 1g, | column (a) |) held as | : | | | | |
| а | Board designated or quasi-endown | ıent ▶ | % | | | | | | | | |
| b | Permanent endowment | % | | | | | | | | | |
| С | Temporarily restricted endowment | > | % | | | | | | | | |
| | The percentages in lines 2a, 2b, a | nd 2c should equa | l 100%. | | | | | | | | |
| 3a | Are there endowment funds not in | the possession of | the organiza | ation that | are held ai | nd admir | nistered for t | he: | | | |
| | organization by: | • | • | | | | | | ſ | Yes | No |
| | (i) unrelated organizations | | | | | | | | 3a(i) | | |
| | (ii) related organizations | | | | | | | | 3a(ii) | | |
| L | If "Yes" to 3a(ii), are the related or | | | | | | | | 3b | \dashv | |
| | Describe in Part XIII the intended of | _ | | | | | | | 0.0 | | |
| 4 | | | Zation's chao | Willettela | 100. | | | | | | |
| Раг | Complete if the organiza | ition answered " | Yes" to Forn | n 990, Pa | art IV, line | 11a. Se | ee Form 9 | 90, Part | X, line | 10. | |
| | Description of property | (a) Cost | or other basis | (b) Cost o | or other basis | (c) Acc | cumulated | | l) Book va | | |
| _ | 1 and | · · | restment) | | ther) | depr | eciation | | 1 0 | 26 5 | 70 |
| 1a | Land | | | | 36,579. | | 06 450 | | | 36,5 | |
| b | Buildings | | | | 74,735. | | 96,413. | | | 78,3 | |
| C | Leasehold improvements | | - | | 49,160. | | 30,208. | | | 18,9 | |
| d | Equipment | | | | 33,775. | | 03,918. | | | | 357. |
| | Other | | | | 364,763. | <u>. </u> | | | | 64,7 | |
| Tota | I. Add lines 1a through 1e. (Column | (d) must equal Fo | orm 990, Part | X, column | i (B), line 1 | 0(c).) | , ▶ | | 7,43 | 28,4 | 73. |

Schedule D (Form 990) 2014

| 'n | n- | _ | | 2 |
|----|----|---|---|-----|
| | ۲a | u | æ | - 2 |

| Part VII | Investments - Other Securities. Complete if the organization answered | "Yes" to Form 990 | Part IV line 11b See Form 990 | Part X line 12 |
|----------------|---|--------------------|---------------------------------------|-------------------------|
| | (a) Description of security or category (Including name of security) | (b) Book value | (c) Method of valuation | on: |
| (1) Financia | al derivatives | | | |
| | -held equity interests | | | |
| (3) Other | | • | | |
| | INVESTMENTS-HEDGE FUNDS | 21,748,814. | FMV | |
| (B) ALT | INVESTMENTS-PARTNERSHIPS | 10,867,522. | FMV | |
| (C) ALT | INVESTMENTS-PRIV MUT FUNDS | 2,117,904. | FMV | |
| (D) | | | | |
| (E) | | | | |
| (F) | | | | |
| (G) | | | | |
| (H) | | _ | | |
| Total. (Columi | n (b) must equal Form 990, Part X, col. (B) line 12.) | 34,734,240. | | |
| Part VIII | Investments - Program Related. Complete if the organization answered | "Yes" to Form 990, | Part IV, line 11c. See Form 990, I | Part X, line 13. |
| | (a) Description of investment | (b) Book value | (c) Method of valuati | |
| | | | Cost or end-of-year marke | et value |
| _(1) | | | | |
| (2) | | | | |
| (3) | | | | |
| (4) | | | | |
| _(5) | | | | |
| (6) | | | | |
| _(7) | | | | |
| (8) | | | | |
| (9) | | | | |
| | n (b) must equal Form 990, Part X, col. (B) line 13.) | | | |
| Part IX | Other Assets. | W/ | Death Albert Add One France CODE | D. 457 P. 45 |
| | Complete if the organization answered | | Part IV, line 11d. See Form 990, i | |
| (4) DIID 1 | | scription | | (b) Book value |
| | FROM AFFILIATES IN WILTON SURGICAL CENTER | | | 2,681,164. |
| | IN WILTON SURGICAL CENTER IN STAMFORD HLTH URG CARE | | | 3,997,872. |
| | DEPOSITS | | | 369,556. |
| | RRED FINANCING FEES | | · · · · · · · · · · · · · · · · · · · | 19,900. |
| | REST RECEIVABLE | | | 23,741. 12,823. |
| | IN MILLER HALL | | | |
| | IN MINDEX HADE | | | 48,829. |
| (8) | | | | |
| (9) | umn (b) must equal Form 990, Part X, col. (B) li | no 15) | | 7,153,885 |
| Part X | Other Liabilities. Complete if the organization answered line 25. | , | | |
| 1. | (a) Description of liability | (b) Book valu | e | |
| (1) Feder | ral income taxes | | | |
| | ION LIABILITIES | 16,492, | 32. | era da ministra di acci |
| (3) TENA | NT SECURITY DEPOSITS | 30, | | |
| (4) | | | | |
| (5) | | | | |
| (6) | | | AND ENGINEER CONTRACTOR | |
| (7) | | | LICENTIA SERVICE A LA COMPLETA DE | |
| (8) | | | | |
| (9) | | | | |
| | nn (b) must equal Form 990, Part X, col. (B) line 25.) | ▶ 16,523,2 | 292. | |

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2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

Schedule D (Form 990) 2014 Page 4 Reconciliation of Revenue per Audited Financial Statements With Revenue per Return. Part XI Complete if the organization answered "Yes" to Form 990, Part IV, line 12a. Total revenue, gains, and other support per audited financial statements Amounts included on line 1 but not on Form 990, Part VIII, line 12: a Net unrealized gains (losses) on investments Donated services and use of facilities c Recoveries of prior year grants d Other (Describe in Part XIII.) e Add lines 2a through 2d Subtract line 2e from line 1 3 Amounts included on Form 990, Part VIII, line 12, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIII.) c Add lines 4a and 4b
Total revenue, Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) 4c Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered "Yes" to Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements 1 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities 2b c Other losses d Other (Describe in Part XIII.) e Add lines 2a through 2d 2e Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIII.) c Add lines 4a and 4b 4c Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.). . . 5 Part XIII Supplemental Information. Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

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Schedule D (Form 990) 2014

Part XIII Supplemental Information (continued)

SCHEDULE J (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Compensation Information
For certain Officers, Directors, Trustees, Key Employees, and Highest

Compensated Employees

Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

► Attach to Form 990.

Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

Open to Public Inspection

STAMFORD HEALTH, INC.

Employer identification number 22-2476636

| Par | Questions Regarding Compensation | | | |
|-----|---|--------|---------------|------|
| | | | Yes | No |
| 1a | Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. | | | |
| | First-class or charter travel Housing allowance or residence for personal use | | | |
| | Travel for companions Payments for business use of personal residence | | | |
| | Tax indemnification and gross-up payments Health or social club dues or initiation fees | | 1. | |
| | Discretionary spending account Personal services (e.g., maid, chauffeur, chef) | | | 3.14 |
| b | If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to | | | |
| | explain | 1b | | |
| 2 | Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked in line | | | |
| | 1a? | 2 | | |
| 3 | Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. | | | |
| | Compensation committee Written employment contract | | | |
| | Independent compensation consultant Compensation survey or study | | | |
| | Form 990 of other organizations Approval by the board or compensation committee | | | 8.05 |
| 4 | During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization: | | | |
| а | Receive a severance payment or change-of-control payment? | 4a | n manarias aj | Х |
| b | Participate in, or receive payment from, a supplemental nonqualified retirement plan? | 4b | Х | |
| C | Participate in, or receive payment from, an equity-based compensation arrangement? | 4c | | Х |
| | If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. | | . 3 3 | |
| | | | | |
| | Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. | | | |
| 5 | For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any | | | 571 |
| | compensation contingent on the revenues of: | | | |
| а | The organization? | 5a | | Х |
| b | Any related organization? | 5b | | X |
| | If "Yes" to line 5a or 5b, describe in Part III. | | - Cara () | |
| 6 | For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any | | | |
| | compensation contingent on the net earnings of: | | | 1 |
| а | The organization? | 6a | | Х |
| b | Any related organization? | 6b | | X |
| | If "Yes" to line 6a or 6b, describe in Part III. | 1.2 | | |
| 7 | For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed | | ween it is | |
| - | payments not described in lines 5 and 6? If "Yes," describe in Part III | 7 | | Х |
| 8 | Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject | \Box | | |
| - | to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe | | | |
| | in Part III | 8 | | Х |
| 9 | If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in | | | |
| - | Regulations section 53.4958-6(c)? | 9 | 2 | |

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule J (Form 990) 2014

Schedule J (Form 990) 2014

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

Note. The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

| | | (B) Breakdown of W-2 | f W-2 and/or 1099-MI | and/or 1099-MISC compensation | (C) Retirement and | (D) Nontaxable | (E) Total of columns | (F) Compensation |
|-----------------------|-------------|--------------------------|-------------------------------------|---|--------------------------------|----------------|----------------------|--|
| (A) Name and Title | | (I) Base compensation | (ii) Bonus & incentive compensation | (III) Other reportable compensation | other deferred compensation | benefits | (B)(I)-(D) | in column (B) reported as deferred in prior Form 990 |
| BRIAN GRISSLER | € | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 1 PRESIDENT AND CEO | (E) | 988,580. | 261,427. | 658,267. | 26,636. | 131,475. | 2,066,385. | 0 |
| DR. CHARLES MINER | Θ | 0 | b | 0 | þ | 0 | 0 | 0 |
| 2 DIRECTOR | € | 98,262. | 113,288. | 4,306. | D | 47,601. | 263,457. | 0 |
| DARRYL MCCORMICK | (1) | מ | b | D | 0 | 0 | 0 | 0 |
| 3 ASSISTANT SECRETARY | € | 397,734. | 88,329. | 40,180. | 47,852. | 12,555. | 586,650. | 0 |
| DAVID SMITH | € | 0 | 0 | O | 0 | 0 | O | 0 |
| 4 ASSISTANT SECRETARY | € | 411,371. | 75,769. | 61,248. | 30,305. | 50,630. | 629,323. | 0 |
| KEVIN GAGE | € | 0 | 0 | O | 0 | 0 | 0 | 0 |
| 5 TREASURER/CFO | € | 564,878. | 121,234. | 195,555. | 13,085. | 35,891. | 930,643. | 0 |
| KATHLEEN SILARD | € | 0 | 5 | O | 0 | 0 | 0 | 0 |
| 6 ASSISTANT SECRETARY | Œ | 587,701. | 127,515. | 59,801. | 13,224. | 50,630. | 838,871. | 0 |
| DR. GERALD RAKOS | (0) | 0 | þ | Ö | 0 | 0 | 0 | 0 |
| 7 PHYSICIAN | € | 419,971. | 43,050. | 20,548. | D | 35,252. | 518,821. | 0 |
| DR. JOSHUA HERBERT | € | 0 | b | þ | þ | 0 | 0 | 0 |
| 8 DIRECTOR | € | 172,767. | 25,000. | 3,924. | q | 25,067. | 226,758. | 0 |
| | € | | | | | | | |
| 6 | (ii) | | | | | | | |
| | Θ | | | | | | | |
| 10 | € | | | | | | | |
| | ε | | | | | | | |
| 11 | ▣ | | | | | | | |
| | Ξ | | | | | | | |
| 12 | € | | | | | | | |
| | € | | | | | | | |
| 13 | € | | | | | | | |
| | Ξ | | | | | | | |
| 14 | (E) | | | | | | | |
| | (0) | | | | | | | |
| 15 | (ii) | | | | | | | |
| | 8 | | | | | | | |
| 16 | ▣ | | | | | | | |
| | | | | | | | Sche | Schedule J (Form 990) 2014 |

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22-2476636

Page 3

Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

Schedule J (Form 990) 2014

4E1505 1.000 578830 1274

V 14-7.16

SCHEDULE O

(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

20**14**

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

► Attach to Form 990 or 990-EZ.

Open to Public Inspection

Name of the organization

STAMFORD HEALTH, INC.

Employer identification number 22-2476636

FORM 990 SUPPLEMENTAL INFORMATION

FORM 990, PART VI, LINE 11B

STAMFORD HEALTH, INC. (SHI) HAS A COMPREHENSIVE REVIEW PROCESS IN PLACE RELATING TO THE REVIEW OF FORM 990. PRIOR TO FINALIZATION OF THE 990, MANAGEMENT PRESENTS THE DRAFT FORM 990 TO THE FULL BOARD OF DIRECTORS FOR REVIEW AND DISCUSSION. STAMFORD HEALTH INC.'S EXTERNAL TAX ACCOUNTANTS ATTEND THIS MEETING WITH MANAGEMENT TO ADDRESS ANY SPECIFIC CONCERNS OR QUESTIONS. THIS REVIEW PROCEDURE HELPS TO ASSURE SOUND REPORTING AND COMPLIANCE WITH TAX LAW.

FORM 990, PART VI, LINE 12C

IT IS THE POLICY OF SHI TO PROHIBIT ITS EMPLOYEES AND OTHER ASSOCIATES
FROM ENGAGING IN ANY ACTIVITY, PRACTICE, OR ACT WHICH CONFLICTS WITH, OR
APPEARS TO CONFLICT WITH, THE INTERESTS OF SHI, OR ITS PATIENTS.

EMPLOYEES ARE EXPECTED TO CONDUCT THE BUSINESS OF THE STAMFORD HEALTH,

INC. TO THE BEST OF THEIR ABILITY AND FOR THE BENEFIT OF SHI AND ITS

PATIENTS. THE POLICY ALSO REQUIRES BOARD MEMBERS, OFFICERS, SENIOR

LEADERS, MEDICAL STAFF LEADERS, COMMITTEE MEMBERS AND OTHER INDIVIDUALS
AS APPROPRIATE TO DISCLOSE ANY POTENTIAL CONFLICT OF INTEREST THEY OR

THEIR IMMEDIATE FAMILY MAY HAVE ON AN ANNUAL BASIS. SURVEYS ARE

DISTRIBUTED ANNUALLY AND TIMELY RECEIPT IS MONITORED BY THE STAMFORD

HEALTH INC.'S COMPLIANCE DEPARTMENT.

FORM 990, PART VI, LINES 15A & 15B

Name of the organization STAMFORD HEALTH, INC.

Employer Identification number 22-2476636

SHI DOES NOT HAVE ANY EMPLOYEES. THE EMPLOYEES OF THE WHOLLY OWNED SUBSIDIARY THE STAMFORD HOSPITAL PERFORM THE DAILY OPERATIONS OF SHI. IT IS THE POLICY OF THE STAMFORD HOSPITAL TO PAY EMPLOYEES FAIR AND COMPETITIVE WAGES. THE HOSPITAL HAS ADOPTED A WAGE AND SALARY PROGRAM TO ENSURE THAT ALL EMPLOYEES ARE PAID IN RELATION TO THE VALUE OF THE WORK THEY PERFORM. THIS PROGRAM IS REVIEWED ANNUALLY. EXECUTIVE COMPENSATION IS SUBJECT TO A MORE COMPREHENSIVE REVIEW, INCLUDING AN ANNUAL BENCHMARKING ANALYSIS AND BOARD-LEVEL APPROVAL PROCESS.

FORM 990, PART VI, LINE 19

SHI MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS AVAILABLE UPON REQUEST.

FORM 990, PART XI, LINE 9

SHI EQUITY TRANSFER OF INVESTMENTS TO THE STAMFORD HOSPITAL

(\$58,495,559)

EQUITY TRANSFERS TO SWCT RADIOLOGY LLC (\$4,183,967)

PENSION RELATED CHARGES (\$1,635,690)

ATTACHMENT 1

990, PART VII- COMPENSATION OF THE FIVE HIGHEST PAID IND. CONTRACTORS

NAME AND ADDRESS

DESCRIPTION OF SERVICES

COMPENSATION

DELUCA CONSTRUCTION COMPANY 27 CRESCENT ST STAMFORD, CT 06906 CONSTRUCTION

653,190.

SCHEDULE R (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

STAMFORD HEALTH, INC.

Partl

► Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. Related Organizations and Unrelated Partnerships

▶ Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.

▶ Attach to Form 990.

Open to Public

OMB No. 1545-0047

Employer identification number

22-2476636

Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

| | (a) | (a) | (3) | Ð | (e) | (i) |
|---------|--|--|---|-------------------|---------------------------|---------------------------|
| | Name, address, and EiN (if applicable) of disregarded entity | Primary activity | Legal domicile (state or foreign country) | Total income | End-of-year assets | Direct controlling entity |
| (1) STA | (1) STAMFORD HOSPITAL TRUST, LLC 06-0646917 | | | | | |
| ONE HO | ONE HOSPITAL PLAZA STAMFORD, CT 06904 | PSHIP INVSTMT CT | CI | 0 | 0 | O SHI |
| (2) MIL | (2) MILLER HALL MEDICAL SUITES 06-1619978 | | | | | |
| 166 W | 166 W BROAD STREET STAMFORD, CT 06904 | PROF OFF BLDG CT | CI | 1,324,511. | 1,324,511. 4,352,000. SHI | SHI |
| (3) | | | | | | |
| | | | | | | |
| (4) | | | | | | |
| | | | | | | |
| (2) | | | | | | |
| | | | | | | |
| (9) | | | | | | |
| | | | | | | |
| Part II | Paritil Identification of Related Tax-Exempt Organizations Complete if the | ons Complete if the organization answered "Yes" on Form 990. Part IV. line 34 because it had | ered "Yes" on Fo | urm 990. Part IV. | line 34 because | it had |

one or more related tax-exempt organizations during the tax year.

| (a) Name, address, and EiN of related organization | elated organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (c) (d) Legal domicile (state Exempt Code section or foreign country) | (e) Public charity status (if section 501(c)(3)) | (f) Direct controlling entity | (g) Section 512(b)(13) controlled entity? | 2(b)(13) led ? |
|---|---------------------|-------------------------|---|---|--|-------------------------------------|--|----------------------|
| | | | | | | | Yes | No |
| (1) THE STAMFORD HOSPITAL | 06-0646917 | | | | | | | |
| ONE HOSPITAL PLAZA | STAMFORD, CT 06904 | HOSPITAL | CI | 501(C)(3) | m | SHI | × | |
| (2) THE STAMFORD HOSPITAL FOUNDATION | 22-2478748 | | | | | | | |
| ONE HOSPITAL PLAZA | STAMFORD, CT 06904 | FUNDRAISING | CI | 501(C)(3) | 6 | SHI | × | |
| (3) STAMFORD HEALTH MEDICAL GROUP | 27-1648289 | | | | | | | |
| ONE HOSPITAL PLAZA | STAMFORD, CT 06904 | MEDICAL SVCS | CI | 501(C)(3) | б | TSH | × | |
| (4) | | | | | | | | |
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| (5) | | | | | | | | |
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| (9) | | | | | | | | |
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| (2) | | | | | | | | |
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For Paperwork Reduction Act Notice, see the Instructions for Form 990.

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Schedule R (Form 990) 2014

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Schedule R (Form 990) 2014

Identification of Related Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year. Part III

| (а) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (a) Direct controlling entity | Predominant (f) income (related, income excluded from trained income excluded from tax under sections 512-514) | (f) Share of total income | (g) Share of end-of- year assets | (h) Disproportionate allocations? | Code V-UBI amount in box 20 of Schedule K-1 (Form 1065) | (I) General or managing partner? | (k) Percentage ownership |
|--|----------------------|---|-------------------------------|--|---------------------------------|--|---|---|---|--------------------------------|
| | | : | | | | | Yes No | 9 | Yes No | |
| (1) STAMFORD HLTH URG 47-1717848 | | | | | | | | | | |
| NORWALK, CT 06851 | URGENT CARE | CT | SHI | RELATED | -86,000 | 0 | - | × | × | 51,0000 |
| (2) | | | | | | | | | | _ |
| | | | | | | | | | | |
| (3) | | | | | | | | | | |
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| (4) | | | | | | | | | | |
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| (5) | | | | | | | | | | |
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| (9) | | | | | | | | | | |
| 1 | | | | | | | | | | |
| (7) | | | | | | | | | | |
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Identification of Related Organizations Taxable as a Corporation or Trust Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year. Part IV

| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicite | (d) Direct controlling | (e) Type of entity | (f) Share of total | (g) (h) (l) Share of Percentage Section | (h) Percentage | (i) Section |
|---|-------------------------|----------------------------|---------------------------|----------------------------|-----------------------|---|-------------------|-------------------------------------|
| | | (state or foreign country) | entity | (C corp, S corp, or trust) | income | end-of-year assets | ownership | 512(b)(13) controlled entity? |
| | | | | | | | , | Yes No |
| (1) HEALTHSTAR INDEMNITY CO LIMITED | | | | | | | | |
| ST HAMILTION, BERMUDA BD | SELF INSURANCE | BD | N/A | C CORP | | | | × |
| (2) SOUTHWEST CONNECTICUT RADIOLOGY 45-3801216 | | | | | | | | |
| 30 SHELBURNE RD STAMFORD, CT 06902 | RADIOLOGY | CI | SHI | S CORP | -200,000. | 0 | 0 100.0000 | × |
| (3) | | | | | | | | |
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| (4) | | | | | | | | |
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| ASC | | | | | | Schedule R (Form 990) 2014 | (Form 99 | 0) 2014 |

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Transactions With Related Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36. Part V

| Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule | or IV of this schedule. | | | Yes No |
|---|---|--|--|--|
| 1 During the tax year, did the organization engage in any of the following transactions with one | any of the following transactions with one or more re | or more related organizations listed in Parts II-IV? | ed in Parts II-1V? | |
| a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity | iv) rent from a controlled entity | | | 1a X |
| b Gift, grant, or capital contribution to related organization(s) . | tion(s) | | | 1b × |
| c Gift, grant, or capital contribution from related organization(s) | ization(s) | | | 1c × |
| d Loans or loan guarantees to or for related organization(s) | (s)uc | | | × 1d × |
| Loans or loan guarantees by related organization(s) | | | | 1e × |
| | | | | |
| f Dividends from related organization(s) | | | | 1f X |
| g Sale of assets to related organization(s) | | | | 1g × |
| h Purchase of assets from related organization(s), | | | | 4h × |
| i Exchange of assets with related organization(s), | | | | 1i X |
| j Lease of facilities, equipment, or other assets to related or | ted organization(s). | | | 1j × |
| | | | | |
| K Lease of racilities, equipment, or other assets from related organization(s) | elated organization(s) | | | |
| r Ferrormance of services of intermetability or fund asing solicitations for related organization(s) m. Performance of services or membership or fund sign colicitations by related organization(s) | ing solicitations for related organization(s) | | | |
| | ing solicitations of related organization(s), | | | |
| | | | | |
| | | | | |
| | penses, | | | 1p X |
| q Reimbursement paid by related organization(s) for expenses | ······ sesueф | | | 1q X |
| | (-) | | | |
| | anon(s) | | | + |
| 2 If the answer to any of the above is "Yes," see the instruction | s for information on who must complete | this line, including cover | covered relationships and transaction thresholds | action thresholds. |
| (a) | | (a) | (2) | (p) |
| Name of related organization | ganization | Transaction type (a-s) | Amount involved | Method of determining amount involved |
| (1) THE STAMFORD HOSPITAL | | v | 503,595. | BOOK VALUE |
| (2) THE STAMFORD HOSPITAL | | Ь | 40,560. | BOOK VALUE |
| (3) THE STAMFORD HOSPITAL | | Q | 38,638. | BOOK VALUE |
| (4) THE STAMFORD HOSPITAL | | R | 58,496,000. | BOOK VALUE |
| | | | | |
| (5) THE STAMFORD HOSPITAL | | R | 444,360. | CASH VALUE |
| (6) THE STAMFORD HOSPITAL | | S | 923,173. | CASH VALUE |
| JSA 4F1309 1 000 | | | Sch | Schedule R (Form 990) 2014 |
| 2001 0000 11 | • | | | |

Yes No

1 1 2 표 무 10 g 70 e 1 5 ¥ 9 ÷ Ţ Other transfer of cash or property to related organization(s)................... Transactions With Related Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36. During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV? Performance of services or membership or fundraising solicitations for related organization(s) Lease of facilities, equipment, or other assets from related organization(s) Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule. Other transfer of cash or property from related organization(s). Gift, grant, or capital contribution to related organization(s) Exchange of assets with related organization(s), Dividends from related organization(s), Part V Ε × = ۵ 5 5

| (a) Name of related organization | (b) Transaction type (a-s) | (c) Amount involved | (d) Method of determining amount involved |
|-----------------------------------|----------------------------------|------------------------|---|
| (1) STAMFORD HEALTH MEDICAL GROUP | ט | 735,385. | BOOK VALUE |
| (2) STAMFORD HEALTH MEDICAL GROUP | Ü | 645,432. | BOOK VALUE |
| (3) SOUTHWEST CT RADIOLOGY | S | 4,183,000. | BOOK VALUE |
| (4) | | | |
| (5) | | | |
| (9) | | | |
| JSA 4E1309 1.000 | | Sch | Schedule R (Form 990) 2014 |

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

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22-2476636

Part VI Unrelated Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

| (a) Name, address, and ElN of entity | (b) Primary activity | (c) Legal domicite (state or foreign country) | (d) Predominant income (related, unrelated, excluded from tax under | (e) Are all partners section 501(c)(3) organizations? | (f) Share of total income | (g) Share of end-of-year assets | | (i) Code V- UBI amount in box 20 of Schedule K-1 (Form 1065) | | ral or aging ner? | (k) Percentage ownership |
|--------------------------------------|----------------------|---|---|---|---------------------------------|--|--------|--|---------|-------------------------|--------------------------------|
| (1) | | | sections 512-514) | Yes No | | | Yes No | 0 | Se Aes | o V | |
| (2) | | | | | | | | | | | |
| (3) | | | | | | | | | | | |
| (4) | | | | | | | | | | | |
| (5) | | | | | | | | | | | |
| (9) | | | | | | | | | | | |
| (7) | | | | | | | | | | | |
| (8) | | | | | | | | | | | |
| (6) | | | | | | | | | | | |
| (10) | | | | | | | | | | | |
| (11) | | | | | | · | | | | | |
| (12) | | | | | | | | | | | |
| (13) | | | | | | | | | | | |
| (14) | | | | | | | | | | | |
| (15) | | | | | | | | | | | |
| (16) | | | | | | | | | | | |
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Part VII

Supplemental Information
Complete this part to provide additional information for responses to questions on Schedule R (see instructions).